

State of Minnesota – Department of Veterans Affairs

Military Funeral Honors Stipend Request, July 1, 2014 – June 30, 2015

A Veterans Service Organization (VSO) should submit this form to request a stipend for performing military funeral honors. The responsibility for proper completion and submission of this form rests with the VSO. Stipend will not exceed \$50.00 from the Minnesota Department of Veterans Affairs for each honors being provided.

- Requests are preferred within 30 days of honors being provided.
- The VSO is responsible for obtaining the mandatory signatures from the Honor Guard Leader and the Funeral Director.
- Service for each veteran must be verified by DD-214. Do not submit a DD-214 with this form.
- An incomplete form will be returned to the VSO.

PART ONE: VSO Performing Honors	
Honor Guard Unit:	SWIFT Vendor #:
Point of Contact (please print):	Phone #:
Address:	City & Zip:
Honors performed (check box that apply): ☐ Full Honors (Rifle Detail, Taps, Flag Folding)	☐ Basic Honors (Flag Folding, Taps)
Signature of Honor Guard Leader:	Date:
PART TWO: Information – Deceased Veteran	□ DD-214 Form Confirmed
Name of Veteran Last:	First: M:
Date Honors Performed:	Date of Birth:
Location of Honors: City:	County:
Branch of Service: ☐ U.S. Army ☐ U.S. Nav ☐ U.S. Marine Corps ☐ U.S. Air I PART THREE: Funeral Director Verification (to be of	Force
Were the military honors performed in an acceptable man	ner? □ Yes □ No
Name of Funeral Home:	
City:	Phone #:
Funeral Director Printed Name:	
Funeral Director Signature:	Date:
Mail or fax the form to: Fiscal Services, Accounts Pay Bldg, 20 West 12 th St, St Paul, MN 55155. Office: (65)	vable Coordinator, 2 nd Floor Veterans Service 1) 296-2562 Fax: (651) 757-1575
For Office Use Only PAYMENT INFOR	RMATION
Amount: Input Date: Vouche	er #: Entered By:
Approved by:	Date:

Honor Guard Unit: ______ SWIFT Vendor #: _____ ☐ Full Honors (Rifle Detail, Taps, Flag Folding) ☐ Basic Honors (Flag Folding, Taps) □ DD-214 Form Confirmed **PART TWO: Information – Deceased Veteran** Name of Veteran Last: _____ First: _____ M: ____ Date Honors Performed: Date of Birth: City: _____ County: ____ Location of Honors: Branch of Service: □ U.S. Army □ U.S. Navy ☐ U.S. Coast Guard \square U.S. Marine Corps \square U.S. Air Force \square Merchant Marine **PART THREE:** Funeral Director Verification (to be completed by the Funeral Director) Were the military honors performed in an acceptable manner? \square Yes \square No Name of Funeral Home: Phone #: Funeral Director Printed Name: Funeral Director Signature: _____ Date: For Office Use Only PAYMENT INFORMATION Amount: _____ Input Date: _____ Voucher #: ____ Entered By: _____ Approved by: Date: ☐ Basic Honors (Flag Folding, Taps) ☐ Full Honors (Rifle Detail, Taps, Flag Folding) **PART TWO: Information – Deceased Veteran** □ DD-214 Form Confirmed Name of Veteran Last: _____ First: ____ M: ____ Date Honors Performed: _____ Date of Birth: _____ Location of Honors: City: County: Branch of Service: ☐ U.S. Army ☐ U.S. Navy ☐ U.S. Coast Guard \square U.S. Marine Corps \square U.S. Air Force ☐ Merchant Marine **PART THREE:** Funeral Director Verification (to be completed by the Funeral Director) Were the military honors performed in an acceptable manner? \square Yes \square No Name of Funeral Home: _____ City: _____ Phone #: Funeral Director Printed Name: ____ Funeral Director Signature: ______ Date: _____ For Office Use Only PAYMENT INFORMATION Amount: _____ Input Date: ____ Voucher #: ____ Entered By: ____ Date:

Additional Military Funeral Honors (copy as needed – must attach to completed page 1)

Instructions to apply for the benefit

A local unit of a congressionally chartered Veterans Service Organization (VSO) or its auxiliary is eligible under Minnesota Statute Chapter 197 Honor Guards [197.231] to receive a stipend of up to \$50 for each time the local unit provides an honor guard detail at the funeral of a deceased veteran. If the local unit provides a student to play "Taps," the local unit may pay some or all the stipend to the student. To be eligible to receive the reimbursement:

• The VSO must have registered as a state supplier and received a SWIFT (Statewide Integrated Financial Tools) vendor ID number. Instructions on how to obtain your current or new SWIFT vendor ID number can be found at:

http://www.mmb.state.mn.us/doc/maps/vendor/step-by-step.pdf.

If you have any question regarding vendor registration, please contact the SWIFT helpline at 651-201-8106.

• Services must be for a veteran whose service has been verified by DD-214 through the funeral director. If assistance is required to verify service, contact your County Veterans Service Officer.

Do not submit DD-214's with the Military Funeral Honors Stipend Request.

- The VSO is responsible for obtaining all original signatures and submitting the Military Funeral Honors Stipend Request.
- The VSO is required to submit a Military Funeral Honors Stipend Request, which will verify that the veterans group, post or chapter has performed honors on a given date. Forms should be submitted within 30 days of honors performed and absolutely no later than July 31, 2015.

Forms should be mailed to the address listed on the form or faxed to: (651) 757-1575.

• The VSO must perform honors in accordance with the National Defense Act of 2000 (Public Law 106-65.) Military funeral honors detail shall, at a minimum, perform at the funeral a ceremony that includes the folding and presentation of the U.S. flag and play "Taps," either by a high-quality recording or by a bugler. The law defines a military funeral honors detail as two or more former or active uniformed military persons, with at least one being a member of the veteran's branch of military service. Additional honors such as a firing (rifle) detail may be provided if resources are available.